NMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (08/09)				Side
IAB USE ONLY	Institution/P	Parole Region:	Log #:	Category:
		F	OR STAFF US	E ONLY
Attach this form to the CDCR 602, only if more space is needed. On appeal is subject to rejection if one row of text per line is exceeded.	nly one CDC			PE CLEARLY in black or blue in
	CDC Number:	Unit/Cell Num		Assignment:
valine (Last, 1 list).	SDO Number.	Only Cell Num	Dei.	Assignment.
A. Continuation of CDCR 602, Section A only (Explain your issue) :				
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nmate/Parolee Signature:	Date	Submitted:		S
B. Continuation of CDCR 602, Section B only (Action requested):				

Side 2

D. Continuation of CDCB 603. Section D only (Discotisfied with First L	avel recognose).
D. Continuation of CDCR 602, Section D only (Dissatisfied with First Lo	evel response):
Inmate/Parolee Signature:	Date Submitted:
Inmate/Parolee Signature:	